



Lamar Bank & Trust Company

## CHANGE OF ADDRESS FORM

Date \_\_\_\_\_

Acct # \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Work Phone \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Change E-Statement? Yes \_\_\_ No \_\_\_

Checking \_\_\_\_\_ Safe Deposit Box \_\_\_\_\_ Certificate of Dep \_\_\_\_\_

Savings \_\_\_\_\_ Loans \_\_\_\_\_ Christmas club \_\_\_\_\_

Debit Card/ATM (Name #1) \_\_\_\_\_

Debit Card/ATM (Name #2) \_\_\_\_\_

Online Bill Pay \_\_\_\_\_

Customer Signature \_\_\_\_\_

\*\* Please complete the above form and return to the bank --- Thank you!

Lamar Bank & Trust Company – P.O. Box 190 – 1000 Broadway, Lamar MO 64759

Fax: 417-682-3474